

Child and Adolescent Mental Health Division

Quality Assurance and Improvement Program April 2003	
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Quality Monitoring Goals and Objectives	<p>1) The mission of the Child and Adolescent Mental Health Division (CAMHD) is to provide timely and effective mental health services to children and youth with emotional and behavioral challenges, and their families. These services shall be provided within a system of care that integrates Hawaii's Child & Adolescent Service System Program (CASSP) principles, evidence based services, and continuous monitoring efforts.</p> <p>In order to fully achieve accountability for these goals, CAMHD has integrated the ongoing evaluation of system performance and results for youth served throughout its mental health delivery system. The quality assurance and performance management functions of CAMHD are operational and evident throughout its community-based system of care. Expectations for continuous quality monitoring of service delivery processes and results are established at all levels including provider agencies, case management services, performance management, clinical leadership, administrative and system partnerships.</p> <p>CAMHD believes that the development and implementation of a comprehensive individualized treatment plan that reflects proactive care coordination, specific goals, a long-term view, and definable outcomes, increases the likelihood of promoting eligible youth success in school, at home, and in their respective communities.</p> <p>Thus, all services are tailored to the specific needs of the child and family. The comprehensive treatment plan is formulated by the child's treatment team and is achieved through the Individualized Education Program (IEP) Plan or the Modification Plan. A Coordinated Service Plan (CSP) is developed when multiple children agencies are involved in providing care.</p> <p>Quality and performance improvement objectives are established through the work of the Performance Improvement Steering Committee (PISC) and Executive Management Team (EMT) as informed by the work of the organization. The following goals and objectives have been identified to assure that services are of the quality, intensity and consistency needed to impact behaviors so that each individual youth could benefit from their education.</p> <p>The following are overarching and guiding QAIP goals:</p> <ol style="list-style-type: none"> a. Assure access to needed quality services for all eligible youth through the maintenance of a strong and reliable provider network. b. Assure community involvement in improving the mental health of its children and adolescents, through a comprehensive community/provider partnership and through fostering community ownership. c. Improve the quality of all team activities through the education of team members, providers, and community of families.

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Quality Monitoring Goals and Objectives (Continued)	<p>d. Improve the quality and efficacy of care coordination by staff through increased skills in the areas of facilitation, engagement, and understanding of evidence-based treatments.</p> <p>e. Improve outcomes by implementing and monitoring the QAIP.</p> <p>f. Improve the mental health service delivery system by implementing procedures and policies to monitor defined standards of care in all services being delivered to eligible youths.</p> <p>g. Coordinate and cooperate with providers of medical and dental services to improve the overall healthcare of eligible youth.</p> <p>The specific goals and objectives of the QAIP for the current year are:</p> <p>GOAL 1: All licensed professional clinicians, unlicensed professional clinicians and paraprofessionals actively serving clients or supervising staff shall be actively credentialed.</p> <p>Objective 1: All provider agencies will have a written system of operations that is fully implemented and self-monitored that tracks the current credentialing status of each clinician under their authority.</p> <p>Objective 2: All Provider agencies will have their credentialing system of operations reviewed annually by the CAMHD Credentialing Specialist.</p> <p>Objective 3: All licensed professional clinicians actively providing direct client services are fully credentialed.</p> <p>Objective 4: Only credentialed direct service staff or licensed clinical supervisory staff will be registered into CAMHD's Management Information System, allowing reimbursement of direct client service claims to provider agencies.</p> <p>Objective 5: Establishment of sanctions for services rendered by uncredentialed or unverified staff.</p> <p>Objective 6: Establishment of major Credentialing outcome objectives and indicators, with outcomes tracked on a monthly basis as reportable to PISC as a sustainability measure.</p> <p>Goal 2: The percentage of agencies showing a decline in events will increase during fiscal year 2003.</p> <p>Objective 1: CAMHD's reporting form and database will capture essential information.</p> <p>Objective 2: Tighter monitoring and tracking of required corrective action.</p> <p>Objective 3: CAMHD staff will be trained in data analysis</p> <p>Objective 4: Revise Sentinel Event codes and definitions for clarity, reportable by client-induced or environment-induced events.</p> <p>Objective 5: Design triage process identifying levels of risk activities.</p>

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Quality Monitoring Goals and Objectives (Continued)	<p>Goal 3: Reduction of mainland placements to five.</p> <p style="padding-left: 40px;">Objective 1: Partner with judges, probation officers and the court regarding CAMHD practice guidelines and core values.</p> <p style="padding-left: 40px;">Objective 2: Award contracts for individualized homes for youths requiring more support than previous services array allowed.</p> <p>Goal 4: Maintain hospital-based residential capacity at or beneath sixteen.</p> <p style="padding-left: 40px;">Objective 1: All contracts have a no eject clause built into the contract.</p> <p style="padding-left: 40px;">Objective 2: Family Guidance Center Clinical Director co-manage cases.</p> <p style="padding-left: 40px;">Objective 3: Conduct bi-weekly reviews for clinical appropriateness.</p> <p>Goal 5: Decreased length of stay in out of home placements.</p> <p style="padding-left: 40px;">Objective 1: Family Guidance Center staff and providers will be trained on evidence-based practices.</p> <p style="padding-left: 40px;">Objective 2: There will be clinical justification for extensions of stay.</p> <p style="padding-left: 40px;">Objective 3: Regularly distribute data on lengths of stay and level of care for review.</p> <p style="padding-left: 40px;">Objective 4: Established lengths of stay threshold will be monitored for each type of service.</p> <p>Goal 6: Ability to trend youth CAFAS, Achenbach CBCL/TRF/YSR, and CALOCUS scores in CAMHMIS.</p> <p style="padding-left: 40px;">Objective 1: Design reporting module that prompts care coordinators and line supervisors with visual cues to enter relevant data at specified intervals.</p> <p>Goal 7: All FGCs will receive overall acceptable findings based on review.</p> <p style="padding-left: 40px;">Objective 1: Provide technical assistance to conduct internal monitoring reviews.</p> <p style="padding-left: 40px;">Objective 2: QAS to monitor and track CSP quarterly</p> <p style="padding-left: 40px;">Objective 3: QAS to submit quarterly reports</p> <p style="padding-left: 40px;">Objective 4: All FGC staff will receive training on complaints and Fraud and Abuse Initiatives in fiscal year 2003.</p> <p>Goal 8: Provider agencies will receive overall acceptable findings in reviews.</p> <p style="padding-left: 40px;">Objective 1: All agencies will be reviewed during fiscal year 2003.</p> <p style="padding-left: 40px;">Objective 2: Agencies will be required to submit improvement plans where necessary, corrective actions and deliverables for unacceptable findings.</p> <p style="padding-left: 40px;">Objective 4: An assigned Performance Management staff will serve as leader of the review team for each provider agency site review.</p> <p style="padding-left: 40px;">Objective 5: All Performance Management Section staff monitors will be trained as team leaders.</p>

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Quality Monitoring Goals and Objectives (Continued)	Goal 9: School Complexes will maintain acceptable system finding at an 85% or better scoring Objective 1: Conduct internal reviews for all other school complexes. Objective 2: Interagency planning to ensure that all complexes maintain positive results.																																			
Scope	2)	The QAIP has practices and procedures to monitor and review the quality of clinical care and quality on non-clinical aspects of service including availability, accessibility, coordination and continuity of care, administrative services, claims processing, clinical services, professional services, case management service, as well as staff review. This is accomplished by utilizing specific, timely, and qualitative/quantitative indicators to evaluate all services provided through a systematic, well planned method of data collection and analysis. The scope includes the monitoring of all aspects of service delivery including service plan development, delivery and monitoring; utilization review; safety and well-being of individuals served; and provider and member satisfaction surveys for services provided by purchase of service contracts, as well as for interagency activities.																																		
QAP Methodology	3)	Timelines and methodologies are established for each component of the QAIP scope, including all demographic groups care settings, to include: <table><tr><td><u>Component</u></td><td><u>Timeline</u></td><td><u>Methodology</u></td></tr><tr><td>Administrative services (telephone response, etc.)</td><td>Quarterly</td><td>Frequency Sampling</td></tr><tr><td>Claims processing</td><td>Monthly</td><td>MIS/Fiscal reports</td></tr><tr><td>Clinical services (utilization)</td><td>Quarterly</td><td>MIS utilization data</td></tr><tr><td>Professional services</td><td>Annually & Ongoing</td><td>Comprehensive Review, Satisfaction Surveys, Utilization data</td></tr><tr><td>Case management services</td><td>Annually</td><td>Case-based and FGC Reviews</td></tr><tr><td>Staff/personnel reviews</td><td>Annually</td><td>On Site Personnel Review</td></tr><tr><td>Service plan development</td><td>Quarterly</td><td>Quality Review Tool/Case-based Reviews</td></tr><tr><td>Sentinel events</td><td>By occurrence</td><td>Critical Incident Reports</td></tr><tr><td>Client safety</td><td>Quarterly</td><td>Data analysis, Site Reviews, Case-based Reviews</td></tr><tr><td>Member/Provider complaints</td><td>Monthly</td><td>Complaints/Grievance reports, Provider Relations database</td></tr></table>		<u>Component</u>	<u>Timeline</u>	<u>Methodology</u>	Administrative services (telephone response, etc.)	Quarterly	Frequency Sampling	Claims processing	Monthly	MIS/Fiscal reports	Clinical services (utilization)	Quarterly	MIS utilization data	Professional services	Annually & Ongoing	Comprehensive Review, Satisfaction Surveys, Utilization data	Case management services	Annually	Case-based and FGC Reviews	Staff/personnel reviews	Annually	On Site Personnel Review	Service plan development	Quarterly	Quality Review Tool/Case-based Reviews	Sentinel events	By occurrence	Critical Incident Reports	Client safety	Quarterly	Data analysis, Site Reviews, Case-based Reviews	Member/Provider complaints	Monthly	Complaints/Grievance reports, Provider Relations database
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QAP Methodology (continued)	<p>Data will be presented at the monthly PISC meeting for analysis, identification of areas for improvement, and development and creation of appropriate action plan(s).</p> <p>Utilization will be monitored using a predetermined set of criterion or quality indicators. The team conducting the study under the direction of the Clinical Services Manager will identify the specific criteria and quality indicators.</p> <p>Additional monitoring will be conducted in accordance with the guidelines specified in the Utilization Review section of the QAIP. Seven principal methods of monitoring will be utilized:</p> <table border="0"> <tr> <td>1. Case-based reviews</td><td>Quarterly</td></tr> <tr> <td>2. On-site audits of providers</td><td>By annual schedule</td></tr> <tr> <td>3. Utilization Review methodologies developed by CAMHD</td><td>Monthly and Quarterly</td></tr> <tr> <td>4. Consumer satisfaction surveys</td><td>Quarterly</td></tr> <tr> <td>5. Peer review</td><td>Annually</td></tr> <tr> <td>6. Quality of care studies</td><td>Semi Annually</td></tr> <tr> <td>7. Monitoring of complaints, grievances, and appeals</td><td>Monthly</td></tr> </table>	1. Case-based reviews	Quarterly	2. On-site audits of providers	By annual schedule	3. Utilization Review methodologies developed by CAMHD	Monthly and Quarterly	4. Consumer satisfaction surveys	Quarterly	5. Peer review	Annually	6. Quality of care studies	Semi Annually	7. Monitoring of complaints, grievances, and appeals	Monthly
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Quality of Care Activities	<p>4) All levels of service delivery and service types will be monitored. Two quality of care studies will be performed each year. One study will examine clinical care and the other will examine non-clinical services. The CAMHD Chief, Medical Director, Clinical Services Manager, Performance Manager, and Research and Evaluation Specialist will be responsible for selecting study topics and defining study questions. To oversee study performance, the Performance Manager will convene a task force that includes the Research and Evaluation Specialist and other study-relevant personnel. The study task force will be responsible for methodology, analysis and recommendations for quality improvement.</p> <p>Study implementation will be the responsibility of relevant operational units specified in the study design. The Performance Manager or designee will present updates regarding the status of the quality of care studies to the PISC Committee by June of each fiscal year. Quality of care study topics may include but are not limited to: residential treatment, acute hospital admission utilization, special populations such as youth with substance abuse problems, physical challenges (hearing and sight impaired), or conduct disorders, and court mandated children with chronic illness and/or disability related conditions. Clinical studies will focus on specific high-risk populations or high utilization areas, such as youth with specified diagnoses, in residential or inpatient care, in home hospital, and in therapeutic foster homes. Non-clinical studies will focus on issues such as access to or availability of services, grievances and appeals, etc.</p>														

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Quality of Care Activities (Continued)	When conducted, quality improvement studies will employ the following steps: 1. Selecting the study topic(s) 2. Defining the study question(s) 3. Selecting the study indicators(s) 4. Using a representative and generalized study population 5. Using sound sampling techniques when applicable 6. Reliable data collection 7. Implementing intervention and improvement strategies 8. Analyzing data and interpreting study results 9. Planning for measurable improvement 10. Achieving sustained improvement		
Continuous Performance and Tracking	5)	The quality improvement process mandates continuous performance review activities. Each year, CAMHD will create a work plan, which will have defined areas of utilization and quality that will be monitored. Additionally, one service-related study and one care-related study will be conducted. If the results of the studies suggest that there are areas of concern, focused studies and action plans will be developed to address these concerns. The person responsible for coordinating data acquisition will be the Utilization Review (UR) Specialist. Continuous monitoring of all service areas will occur as well. The Performance Manager is responsible for the annual QAIP work plan. The plan will be completed and submitted to the Chief of CAMHD by June 1, of each year. The plan will outline: One Service related study to be completed Individual responsible June One clinical care related study to be completed Individual responsible June Quality Indicators to be tracked Monthly Tracking Identified data sources for each measure selected	
Peer review	6)	The Medical Director will be responsible for review of the processes followed in the provision of health services by physicians and other health professionals. The Clinical Directors (physician) from each Family Guidance Center will participate in the debriefings of designated reviews of provider agencies where review of physician and care coordination practices will occur. The Medical Director and Performance Manager will develop peer review tools and guidelines, and will coordinate Clinical Directors' participation in the review process.	

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Feedback	<p>7) CAMHD holds regular quarterly meetings with CAMHD contract providers. These meetings are informational and used to discuss policies, procedures and current initiatives so providers are aware of the services CAMHD provides and how providers and recipients access these services. The QAIP work plan will be presented to the providers through these quarterly meetings in June each year. Providers include physicians and non-physicians. Feedback forms will be distributed to the providers and feedback about the QAIP will be accepted and received no later than the last day of July. A summary of comments, suggestions, and actions taken to modify the plan will be summarized and presented to the providers at the next scheduled quarterly meeting in September. Individual reports will be mailed to the provider agencies, which presents information about performance results specific to the provider. The Performance Manager will oversee the collection of data and distribution of the reports.</p>																
Health Outcomes	<p>8) CAMHD is committed to the development of quality treatment plans for children and families through the team-based process. The plans are outcome focused and are specific to each child. CAMHD will, on a regular basis, review a sample of clients for specific child outcomes and for specific system outcomes. The process of review will be case-based, utilizing an accepted national methodology. Additional indicators may be found in context-specific protocols that measure performance for specific services:</p> <p>Child outcomes:</p> <table border="0"> <tr> <td>1. Learning Progress</td><td>6. Caregiver Functioning</td></tr> <tr> <td>2. Responsible Behavior</td><td>7. Home Community</td></tr> <tr> <td>3. Safety</td><td>8. Satisfaction</td></tr> <tr> <td>4. Physical Well-Being</td><td>9. Overall Child Status</td></tr> <tr> <td>5. Emotional Well-Being</td><td></td></tr> </table> <p>System Outcomes:</p> <table border="0"> <tr> <td>1. Understanding</td><td>4. Learning/adapting</td></tr> <tr> <td>2. Planning</td><td>5. Overall Performance</td></tr> <tr> <td>3. Implementing</td><td></td></tr> </table> <p>Results will be used to identify areas for improvement.</p> <p>Health outcomes are tracked statewide and for each Family Guidance Center through the CAFAS, Achenbach, and CALOCUS.</p>	1. Learning Progress	6. Caregiver Functioning	2. Responsible Behavior	7. Home Community	3. Safety	8. Satisfaction	4. Physical Well-Being	9. Overall Child Status	5. Emotional Well-Being		1. Understanding	4. Learning/adapting	2. Planning	5. Overall Performance	3. Implementing	
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Written Guidelines	<p>9) For outpatient and inpatient programs, a series of quality indicators, which are reviewed by actual on-site chart analysis, is utilized. The data is collected using a comprehensive monitoring protocol that encompasses clinical and non-clinical service areas. The QAIP objectively and systematically monitors and evaluates quality and appropriateness of care and service and pursues opportunities for improvement on an ongoing basis.</p> <p>Review Areas include</p> <ol style="list-style-type: none"> 1. Administrative Practices 2. Policies and Procedures 3. Supervision and Training 4. Family Engagement 5. Complaints 6. Sentinel events and incidents 7. Facility standards 8. Clinical practices 9. Child status 10. Programmatic functioning <p>Agencies track and report on a quarterly basis:</p> <p>Access measures</p> <ol style="list-style-type: none"> 1. Number and percentage of referrals reviewed within 48 hours 2. Number and percentage of youth accepted upon referral 3. Number and percentage of youth seen within five days of referral 4. Number and percentage of youth ejected from program <p>Quality of service provision measures</p> <p>Number and percentage of staff fully credentialed</p> <p>Least restrictive environment measures</p> <p>Average length of treatment</p>

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Written Guidelines (Continued)	<p>Treatment measures</p> <p>Number and percentage of youth that have met treatment goals</p> <p>All provider agencies will be reviewed at least annually. Data will be presented to providers in a timely fashion and areas for improvement identified. Providers will create and submit an improvement or corrective action plan within 30 days of the data presentation.</p>
Population Served	<p>10) CAMHD provides intensive mental health services for</p> <ol style="list-style-type: none"> 1. Certified members of the Felix class: youth ages 3 through 20 who have been determined by the Department of Education (DOE) to be eligible for mental health related services as part of their Individualized Education Program (IEP) in accordance with the Individuals with Disabilities Education Act (IDEA) regulations; or Section 504 accommodations and in need of mental health services to benefit from education. 2. Youth with life-threatening psychiatric emergencies: Emergency services including telephone crisis, mobile outreach, grief crisis counseling, or emergency residential services are available to all youth in the Felix class or undergoing evaluation for eligibility into the Felix class. 3. Youth with Serious Emotional and Behavioral Disturbances (SEBD) that are Medicaid eligible.
Priority Areas of Concern	<p>11) CAMHD monitors and evaluates the care and services in certain priority areas of concern selected by DOH and the State. These include:</p> <ol style="list-style-type: none"> 1. Youth in residential settings 2. Eligible youth in juvenile justice settings <p>These special populations will be monitored through data collection methodologies. The reviews will include special focused studies, monthly reviews of encounter data, and the use of the Quality of Care Case Review Instrument. The data will be presented and discussed at the monthly meeting of the PISC Committee. Areas for improvement will be identified.</p> <p>These priority areas may be taken from those identified by CMS Medicaid Bureau or other sources as deemed necessary by Med-QUEST.</p>

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Important Aspects of Care and Services	12)	At the discretion and/or as required by the Med-Quest Division, CAMHD's PISC also monitors and evaluates other important aspects of care and service. CAMHD will work in a timely manner to complete these studies and report the results and any corrective action to Med-Quest Division.
Quality Indicators	13)	<p>The QAIP uses quality indicators that are measurable variables relating to specific clinical or mental health services delivery area. These indicators are reviewed monthly, quarterly, and annually depending on the area being monitored.</p> <ol style="list-style-type: none"> 1. CAMHD identifies and uses quality indicators that are objective, measurable, and based on current knowledge and clinical experience. 2. Encounter data will be analyzed monthly to access provider and member utilization trends in all service areas. CAMHD has proactive guidelines. Data will be compared with the practice guidelines to identify areas of under utilization, over utilization, or inappropriate utilization. Policies and procedures with clear implementation timetables will be developed to correct deficiencies. 3. Method and frequency of data collection will occur as outlined in methodology. These methods and frequencies will be sufficient to allow for program change. Methods and frequencies will be constantly reviewed by the PISC.
Data Collection	14)	Data collection methodology and frequency is appropriate and sufficient to detect the need for program change.
Standards/Guidelines	15)	<p>CAMHD uses clinical care standards as presented in the Interagency Performance Standards and Practice Guidelines (IPSPG).</p> <ol style="list-style-type: none"> 1. QAIP uses the performance standards and practice guidelines in all quality of care studies and related activities. Standard guidelines are specified for each area identified. 2. The IPSPG is based on national practice standards for the mental health treatment of children and adolescents. The practice guidelines reflect the utilization trends from other comparable jurisdictions as well as practice data. 3. The IPSPG focuses on the process and outcomes of mental health care delivery to children and

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Standards/Guidelines (Continued)	<p>adolescents, as well as access to service.</p> <ol style="list-style-type: none"> 4. The case-based review methodology targets process and outcome issues. All providers are reviewed with that instrument at least annually. 5. Internal case-based reviews will be ongoing and will occur in each district at least annually. 6. The Clinical Services Office will formally review the IPSPG at least annually. Practice Guidelines will be updated in the form of a matrix that summarizes the most recent EBS review of the literature on a quarterly basis. Results will be presented to the PISC and disseminated to Providers as an update to the Provider Manual. The Chief of CAMHD will approve any modifications to the standards. 7. A provider manual is annually updated. The manual is disseminated to providers and annual updates are provided. The Provider Relations Specialist will mail updates or corrections to the manual to providers as necessary. Providers receive copies of the Performance Standards and Practice Guidelines with their contract and receive updates as they occur. 8. The IPSPG addresses the full spectrum of populations and services provided by CAMHD. 9. The IPSPG serves as the foundation for performance monitoring of agencies.
Quality review	<p>16) The CAMHD staff monitor and evaluate quality through the review of individual cases where there are questions about care, and through studies analyzing patterns of clinical care and related services. For quality issues identified in the QAIP's targeted clinical areas, the analysis includes identified quality indicators and uses clinical care standards/guidelines to make determinations.</p> <p>The QAIP has written guidelines for the analysis of clinical care and related services. These guidelines include the processes listed above for data collection and analysis. The guidelines indicate the dates and frequency of the reviews and data collection. Problem identification usually occurs based on review of individual cases or the analysis of encounter data resulting in the detection of a particular trend or pattern of care.</p> <ol style="list-style-type: none"> 1. When the PISC identifies service areas that require improvement resulting from case review data or encounter data, the Division Chief will identify the responsible person within the provider organization, and assign staff to develop a corrective action plan with specific timetables for implementing and monitoring of the following:

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Standard II: Systematic Process of Quality Monitoring Program		CRITERIA
Quality review (continued)		<ol style="list-style-type: none"> a. Supervision notes; b. PISC Committee minutes; c. Results of most recent CAMHD performance monitoring; d. Results of most recent review with case review instrument; and e. Peer Review – Analysis of case reviews performed by clinicians qualified to evaluate and make appropriate recommendation in their specific areas of expertise. <ol style="list-style-type: none"> 2. Results and reports will be reviewed by PISC. PISC will be informed of corrective action plans, timetables, and CAMHD monitoring.
Multi-Disciplinary Teams	17)	Multidisciplinary teams, where indicated, will form task groups to analyze and address system issues identified through the analysis of Encounter Data.
Opportunities for Improvement	18)	Through the review of clinical and related service areas, opportunities for improvement are identified. Once a particular problem area has been identified, the Performance Manager and Performance Management staff will conduct further in-depth investigation including examination of the medical records, encounter data, and/or client grievance files. Records will be reviewed to determine provider performance in client management, including diagnostic and therapeutic treatment protocols as well as continuity of care. The Performance Management staff will provide the Medical Director and the Clinical Services Manager with a clear statement of the problem together with supporting data. When a potential problem has been verified, the provider involved will be notified in writing of the situation and given an opportunity to respond. The communication to the provider will present the problem with supporting documentation.
Remedial Action	19)	<p>If after reviewing the response from the provider, the Medical Director and Clinical Services Manager concur that a problem exists, the case is then presented to PISC for recommendations for a corrective action plan depending on the severity levels described below:</p> <ol style="list-style-type: none"> 1. Quality problem without potential for significant adverse effect on the client. 2. Quality problem with potential for adverse effect on the client. 3. Quality problem with significant adverse effect on the client.

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Quality Assurance and Improvement Program

Standard II: Systematic Process of Quality Monitoring Program	CRITERIA
Remedial Action (continued)	<p>Written remedial/corrective action procedures include:</p> <ol style="list-style-type: none"> 1. Clear and concise specification of the types of problems requiring remedial/corrective actions; 2. Indication that the CAMHD Chief, upon recommendation from PISC, Medical and Clinical Directors, will be responsible for making the final determination regarding quality problems; 3. Specific action to be taken to correct the problem including the individual within the provider organization or the provider responsible for taking the actions; 4. Methodology for providing feedback to appropriate mental health care professional, providers, and provider staff; 5. Schedule of tasks to be completed, due dates and person(s) responsible for implementing corrective actions; 6. The approach and process to modify the corrective action if improvements do occur; and 7. Procedures for terminating the affiliation with providers. <p>The recommendations for corrective action can include:</p> <ol style="list-style-type: none"> 1. Letter of notification; 2. Follow-up education and training; 3. Intensification of review; 4. Referral to licensing and accreditation bodies; 5. Referral to Med-Quest of suspected fraud; and 6. Sanctions including the restriction or suspension as a CAMHD provider <p>A provider may request a hearing with the CAMHD Chief or formally appeal a decision in accordance with the agreement in effect between the provider and CAMHD.</p> <p>The ideal corrective action plan is one that is appropriate and includes input from the provider involved. The corrective action plan will specify:</p> <ol style="list-style-type: none"> 1. Date corrective action is to be implemented; 2. Date corrective action is to be evaluated for effectiveness; and 3. Names of persons responsible for implementing, monitoring, evaluating, and reassessing corrective actions.

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Standard II: Systematic Process of Quality Monitoring Program		CRITERIA
Physician Termination	20)	Remedial action procedures include processes for terminating CAMHD affiliations with a physician or other health professional or provider when this is found to be warranted through the QAP review/study process.
Assessment of Effectiveness of Corrective Actions	21)	<p>The PISC will monitor the implementation of the corrective action plan and will receive monthly reports of plan activity. The Performance Manager will review plan progress and report to PISC.</p> <p>As the corrective action plan is implemented, monitoring and evaluation of the corrective action plan will occur to assure that appropriate changes have been made. The Performance Management staff will review the plan using the methods of monitoring and evaluating identified in the corrective action plan. The Performance Manager will report to PISC on the progress of the plan.</p>
Remedial Action/Follow-up	22)	CAMHD, through the oversight of the corrective action plan, assures the actions taken for improvement in the identified area have been effective through continued monitoring and evaluating of the organization's commitment to the improvement process.
QAP Assessment	23)	<p>The QAIP will be evaluated annually to determine if the scope and content to ensure it covers all types of services in all settings and is effective in achieving its goals and objectives and improves the overall program.</p> <p>Quality assurance activities are reviewed to:</p> <ol style="list-style-type: none"> 1. Determine their appropriateness; 2. Ensure they encompass all clinical disciplines and settings of care; 3. Determine their impact on client care; 4. Assess coordination of QA activities; 5. Determine the thoroughness of the problem identification and evaluation of root causes; 6. Determine the effectiveness of corrective action procedures; and 7. Determine whether providers involved agree that quality was improved.

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Quality Assurance and Improvement Program

Standard II: Systematic Process of Quality Monitoring Program		CRITERIA
Annual Report	24)	At the end of each year, the Performance Manager and Research and Evaluation Specialist will prepare a written report for submission to the PISC Committee which addresses: <ol style="list-style-type: none"> 1. QA studies and other activities completed; 2. Trending of clinical and service indicators and other performance data; 3. Demonstrated improvements in quality; 4. Areas of deficiency and recommendations for corrective action; and 5. Evaluation of the overall effectiveness of the QAIP.
Demonstrated Improvement	25)	The presentation of the Performance Manager will include evidence that QM activities have contributed to reasonable improvements in the care delivered to clients, and that the level of care provided is that which is recognized as acceptable professional practice in the community.

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Standard III. Accountability to the Governing Body	CRITERIA
Governing Body	<p>26) The Executive Management Team (EMT) is accountable for monitoring, evaluating and making improvements to care as shown by documentation that EMT has annually reviewed and approved the written QAP and annual work plan.</p> <p>The EMT formally designates the Performance Manager to provide direct oversight of QAIP. The Division Chief chairs the PISC Committee. The Chair has direct oversight over the committee's activities.</p> <p>The EMT receives monthly minutes from PISC as well as written reports describing actions taken, progress in meeting QAIP objectives, and improvements made.</p> <p>The EMT formally reviews the annual QAIP review submitted by the Performance Manager on behalf of the PISC. The report includes studies undertaken, results, subsequent actions, and aggregate data on utilization and quality of services rendered to assess the QAIP's continuity, effectiveness and current acceptability.</p> <p>Upon review of the regular written reports from the PISC delineating actions taken and improvements made, the EMT may:</p> <ol style="list-style-type: none"> 1. Accept the plan and findings with confirmation of acceptance; 2. Direct that the QAIP be modified to accommodate review findings and issues of concern within CAMHD; 3. Ask for clarification of the findings or reassessment of the results; and 4. Document in sufficient detail so as to demonstrate that the EMT has directed and followed up on the necessary actions pertaining to Quality Assurance. <p>The CAMHD Chief is ultimately responsible for the Quality Assurance and Improvement Plan implementation. The Chief formally reviews and approves, in writing, the overall QAIP and the annual QAIP work plan. The Performance Manager keeps written documentation of the Chief's approval on file.</p>

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Standard IV. Active Quality Monitoring Committee	CRITERIA
QM Committee	<p>27) The Division Chief will have responsibility for the oversight of the QA process. The Chief will set the standard for meeting frequency and will stipulate the specific function of the committee. The PISC committee will meet at least once per month. The committee members represent specific sections within CAMHD. They also will serve as Chairpersons of established standing committees. These standing committees include:</p> <ol style="list-style-type: none"> 1. Safety and Risk Management - Review all sentinel events, safety issues, and critical events. Develop policies and procedures for safety and risk management areas. 2. Policy and Procedures - Review all policies and procedures for CAMHD. Make recommendations for revision, deletion, and additions of policy and procedures. 3. Training – Review all areas of training. 4. Utilization Management- Designs and implements the CAMHD utilization management and review system. 5. Information Systems Design - Guides the development and design of the Child and Adolescent Management Information System (CAMHMIS), including the Quest information and encounter data reporting. 6. Credentialing Committee - Reviews provider applications and makes recommendations to the PISC. 7. Grievance and Appeals Committee – Reviews appeals on providers, credentialing, and service authorization issues and makes recommendations to the PISC. 8. Compliance Committee- Oversight for all CAMHD compliance areas 9. Evidence Based Services (EBS) – Reviews and evaluates literature on controlled studies in children’s mental health and disseminates findings on EBS. <p>All standing committees will meet with official minutes using a format adopted by the PISC. The minutes will note issues addressed, recommendations, action taken, person responsible, and timelines for resolution or feedback to the committee. Resource staff from key sections within CAMHD will also be called to attend QAIP meetings as needed.</p> <p>Given the size and breadth of the CAMHD responsibilities, the PISC will meet at least monthly to address quality improvement issues. The standing committees will meet on a monthly or quarterly basis. The EMT will monitor the activities of the PISC Committee through the monthly minutes.</p> <p>The function of the PISC is to oversee all aspects of the QAIP. The committee will report and make recommendations to the EMT. The structure of the committee will be:</p>

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Standard IV. Active Quality Monitoring Committee	CRITERIA
QM Committee (continued)	<ol style="list-style-type: none"> 1. Chief, 2. Assistant Chief, 3. Performance Manager, 4. Clinical Services Manager, 5. Medical Director, 6. Provider Representative, 7. Family Representative, and 8. Standing Committee Chairpersons. <p>The PISC will operate with a standard agenda consisting of:</p> <ol style="list-style-type: none"> 1. Review of the minutes; 2. Review of all tasks carried forward; 3. Review of old business; and 4. Review of new business. <p>The PISC and all standing committees shall keep records documenting their activities, findings, and recommendations and actions. These minutes will be submitted monthly or within 14 working days following a respective meeting. The minutes will be kept in separate, marked binders and on file in the office of the Division Chief.</p> <p>CAMHD providers are active participants in the PISC through representation on the committee by one provider. Further, input about the PISC is solicited from all providers through their provider representative on the PISC and through provider surveys.</p>

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Standard V: Quality Monitoring Program Supervision	CRITERIA
Senior Executive Responsibility	<p>28) The Medical Director is a senior executive and participates in provider liaison activities particularly in the area of communication with residential treatment programs, in-patient facilities, and communication with physician providers.</p> <p>The role of the Medical Director is clearly defined and includes:</p> <ol style="list-style-type: none"> 1. Participation on the PISC; 2. Participation in the Peer Review process; 3. Participation in the Credentialing Committee; 4. Participation in the Utilization Review Committee; 5. Participation in the appeals process; 6. Regular consultation with the Performance Manager and Clinical Services Manager; 7. Responsibility for the policies and procedures related to clinical care, i.e. authorization for new technologies, out of state placement, placement in foster homes and group homes, and appropriate medications; and 8. Clinical management of emergency situations. <p>The Medical Director reports to the Chief of CAMHD. The Medical Director, Clinical Services Manager, and the Performance Manager are responsible for developing and implementing policies and procedures concerning credentialing, appeals, and physician/provider relations. The Chief will have regular, monthly meetings with the Medical Director.</p> <p>The role and responsibilities and authority of the Medical Director will be written and presented to CAMHD staff and to CAMHD providers.</p> <p>The Medical Director will participate in the development of CAMHD policies and procedures. Further, the Medical Director provides input into all policies and procedures related to clinical care. When the Medical Director is aware of a lack of appropriate policy and procedure in a specific area, the Medical Director will notify the Chairperson of the Policy and Procedure Committee of the omission and require that the policy and procedure is completed and submitted for review.</p> <p>The Medical Director will allocate a minimum of forty hours per month to deal directly with QAIP activities.</p> <p>The Medical Director is actively involved in the peer review process through the appeals process and through other regular peer review activities. The Medical Director will participate in the CAMHD training activities for CAMHD staff</p>

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Standard V: Quality Monitoring Program Supervision	CRITERIA
Senior Executive Responsibility (continued)	<p>and for CAMHD providers. The Medical Director will participate in the training of CAMHD IPSPG, training on diagnosis and levels of care criteria, and crisis management.</p> <p>In addition to the Medical Director, CAMHD has 8 FTE of psychiatrists working in locations across the state. The Medical Director will be available for staff consultation on a regular basis through the working authority of the Clinical Directors or directly when the Clinical Directors are unavailable.</p> <p>In the absence of the Medical Director, one of the Clinical Directors assumes the responsibilities of the Medical Director. Written communication to identify that individual will be made seven working days in advance of any planned absence. In the event of an unplanned absence, the Chief of CAMHD will name one of the Clinical Directors to assume the responsibilities of the Medical Director and immediate verbal notification will occur to the Quality Assurance staff at each Family Guidance Center. The QA staff will immediately notify FGC staff, in writing, of the interim Medical Director. Notification will include the ending date of the acting Medical Director's oversight.</p>

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Standard VI: Adequate Resources	CRITERIA
Resources and Staffing	<p>29) CAMHD has made a commitment to the QAIP process and the adequate allocation of materials and personnel. The existing staff positions are listed below with qualifications and areas of responsibility:</p> <ol style="list-style-type: none"> 1. Medical Director – Physician whose role is defined above. 2. Clinical Services Manager – a Ph.D. psychologist who works to help ensure that Family Guidance Center staff meets Medicaid quality assurance standards presently holds this position. 3. Performance Manager – Primary responsibility is to implement and maintain the QAIP and assure that providers and the Family Guidance Centers meet Medicaid quality standards. Co-chairs the PISC Committee. 4. Program Monitoring Supervisor-oversees monitoring of providers and Family Guidance Centers 5. Quality Operations Supervisor- Oversees implementation of the following systems: credentialing, complaints/appeals, facility licensing, critical incidents and sentinel events monitoring. 6. Utilization Review Specialist – B.A/B.S.W. who, along with the Clinical Services Manager, will be responsible for developing and implementing UR policy and procedures. This staff member will establish and maintain on a daily basis all of the functions of utilization review. 7. Family Guidance Center QA Specialists – Professional staff at the Family Guidance Center who will work with the Performance Manager to implement local QA capacity. 8. Credentialing Program Specialist – B.A. whose primary responsibility is to implement and maintain a process for credentialing and re-credentialing all providers in the CAMHD network. 9. Grievance and Appeals Specialists-two of three positions are currently held by two J.D.s 10. Sentinel Events Specialist – B.A. whose primary responsibility is to implement and maintain a process for agencies' reporting of events and follow-through toward corrective actions.

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Standard VII: Provider Participation in the QAP		CRITERIA
Informed Providers	30)	CAMHD providers receive quarterly information about quality assurance and improvement activities. This information is sent to them in the form of a newsletter and is coordinated by the Provider Relations Specialist. CAMHD providers also receive a copy of the Annual Review, which is distributed by the Performance Manager. Finally, periodic information is sent to individual providers regarding their respective performance.
QAP Cooperation	31)	A requirement of cooperation with the QAIP is included in all provider contracts and all employment agreements.
Medical Record Access	32)	Contracts with all CAMHD providers and other contractors specify that the provider or contractor will allow CAMHD, MQD, CMS, OIG and their designated representatives access to the medical records of its members for oversight and QAIP activities. Records subject to the Family Educational Rights to Privacy Act (FERPA) regulations are dealt with accordingly.

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Standard VIII. Delegation of QAP Activities		CRITERIA
Written Description	33)	Provider agencies and contracted credentialing agency are delegated primary source verification functions. By contract, all contracted providers or purchase of service providers conform to the same contractual and regulatory requirements as CAMHD. These contractual and regulatory requirements are monitored by CAMHD through the QAIP.
Written Procedures	34)	CAMHD requires all providers to have their own QAIP plan. The Performance Manager reviews the minutes of the provider organizations on a quarterly basis to ensure evidence of the implementation of the QAIP plan.
Ongoing Evaluation	35)	Contractor's delegated activities are monitored and evaluated through document reviews and site visits against standards established by the CAMHD. Contractors submit evidence of the status of their tracking and monitoring processes.
DHS/CMS/OIG Access to files	36)	All CAMHD contracted and subcontracted providers are required by contract to allow access to files by DHS/CMS/OIG and their designated representatives. Records subject to FERPA regulations are dealt with accordingly.
Complaints against Subcontractors	37)	CAMHD reviews complaints against all contracted providers at a minimum annually as part of their review.
State Indemnification	38)	Included in all contracts

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Standard IX: Credentialing and Re-credentialing	CRITERIA
Written Policies and Procedures	<p>39) Credentialing is the systematic process of assessing the qualifications of the CAMHD's licensed Clinical Directors, the Medical Director, the Clinical Services Manager and CAMHD provider agencies' direct treatment and clinical supervisor staff upon hire and on a periodic basis. The credentialing process ensures that staff members maintain all licensure or certification requirements and that each participating provider agency validates the required credentialing information on a timely basis. CAMHD recognizes that personnel and providers with good theoretical knowledge, technical skills, and judgment form the foundation for providing good care to youths.</p> <p>The CAMHD does not permit uncredentialed personnel to provide direct services or clinical supervisory services. All credentialed provider agency personnel are registered in the CAMHD's MIS database; a personnel, whose credential status has expired, is no longer considered registered until credential status has been re-activated. All claims filed by provider agencies for services by such clinicians during any uncredentialed period will be rejected. Provider agencies, in such situations, are subject to sanctions by the CAMHD.</p> <p>Reference is made here to the CAMHD's "Credentialing and Re-credentialing of Licensed and Unlicensed Health Care Professionals and Paraprofessionals" Policy and Procedure.</p>
Oversight by Governing Body	<p>40) The Chief of CAMHD approves the credentialing policy and procedures. The quality assurance committee (PISC) reviews the policy and procedures annually and submits the policy and procedures to the Chief for consideration for approval. The CAMHD Credentialing Committee, subject to review by PISC, formally generates updates or changes to the policy and procedures. The CAMHD Credentialing Committee submits monthly performance measure reports to PISC.</p>
Credentialing Entity	<p>41) The Performance Management Services of CAMHD coordinates the operational aspects of the credentialing program. The Credentialing Committee is a standing committee responsible to administer the credentialing policy and procedures on behalf of CAMHD. The Credentialing Committee consists of clinical professionals representing psychiatry, psychology, registered professional nursing, and social work. Required composition includes staff representing the Child Abuse & Neglect screening liaison to the Department of Human Services, the Provider Relations Specialist, the Quality Assurance Nursing Supervisor, the CAMHD Credentialing Specialist, the CAMHD Medical Director, and representatives from a Family Guidance Center, Clinical Services, Performance Management, and Administrative Services, any of whom may possibly also meet the requirement of a clinical professional. Licenses are preferred for professionals with clinical backgrounds. The Chair of the Committee shall be either a licensed psychiatrist or licensed psychologist. The CAMHD's Medical Director, because of competing</p>

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Standard IX: Credentialing and Re-credentialing		CRITERIA
Credentialing Entity (Continued)		interests with other CAMHD responsibilities, and the Credentialing Specialist, are both ex-officio members of the Committee. The Committee also reserves the right to include other discipline representatives.
Scope and Authority	42)	CAMHD solicits providers through a yearly Request For Proposal (RFP) process or through special RFP process resulting from the identification of gaps in services provided to special populations or to special areas. Generally, CAMHD contracts with provider organizations and not with specific individual providers. However, there could be situations that require CAMHD to contract with an individual provider. This plan covers all the CAMHD's Family Guidance Centers' Clinical Directors, the CAMHD Medical Director and Clinical Services Manager, the CAMHD-contracted licensed independent practitioners, licensed independent clinical practitioners under memoranda of agreement with the CAMHD, and contract provider agencies' licensed mental health clinicians and clinical supervisors employed as staff or sub-contracted as independent practitioners, as well as contract provider agencies' unlicensed mental health professional and paraprofessional clinicians.
Source verification	43)	Before forwarding an individual clinician's application to the Credentialing Committee to affirm the applicant's ability to practice, either initially or on a continued basis, the CAMHD Credentialing staff will review all documents received to ascertain whether all self-reported information, source verification, and primary verification requirements have been met within pre-established timelines. The CAMHD Credentialing Specialist will design standardized forms, checklists, report forms and samples of application forms, consent forms, letters, and tracking sheets that specify requirements that must be met.
Re-credentialing	44)	<p>Full credential periods shall not exceed two years. Re-credentialing clearance and approval must be obtained before the end of each two-year period. The re-verification process includes, but is not limited to, information that is subject to change since last reviewed, such as licenses, malpractice claims information, and higher level of education achieved. Also considered is salient information gleaned through other CAMHD information sources from reviews or special investigations.</p> <p>Provider agency Credentialing Specialist is responsible to track and re-verify the status of expiring documents and certificates prior to expiration that occurs within this two year period including, but not limited to, State of Hawaii licenses, criminal background checks, malpractice insurance coverage, child abuse and neglect query results, criminal and background checks. Changes to a higher level of educational status shall also be reported by the provider agency Credentialing Specialist. All updated/current documents must be submitted to the CAMHD Credentialing Specialist.</p>

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Standard IX: Credentialing and Re-credentialing		CRITERIA
Credentialing Committee	45)	<p>The CAMHD Credentialing Committee, when reviewing all applications, may decide on one of the following courses of action:</p> <p>Defer: A decision to defer the application process by the Credentialing Committee must be followed up within thirty (30) days with a subsequent favorable or adverse recommendation.</p> <p>Approve: If the recommendation is favorable, the provider is notified of the decision.</p> <p>Deny: If the recommendation is adverse, the applicant/agency shall promptly be informed. The applicant shall be entitled to procedural rights, which may include filing for re-consideration by the CAMHD Credentialing Committee, or filing a formal complaint with the CAMHD Complaints and Grievance Office.</p> <p>The CAMHD Credentialing Committee shall investigate discoveries of misrepresentation of credentials. If warranted, licensed clinicians' names may be referred to the CAMHD Compliance Officer. The CAMHD reserves the right to retain or terminate any clinician who has misrepresented his or her credentials in any way that compromises services to the CAMHD children. The CAMHD Compliance Officer may notify Medicaid of any questionable practices performed by a clinician.</p>
MIS Registration	46)	<p>All approved credential information is reported on a set day each week by the CAMHD Credentialing Specialist to the CAMHD MIS to be registered in accordance with pre-designated clinician identification, credential, and provider identification codes with specified start and end dates of credential periods. Data entry into MIS signifies readiness to accept provider agency service claims if filed appropriately. The CAMHD Credentialing Specialist may assist, if necessary, Family Guidance Centers' Public Health Administrative Officers in diagnosing claim rejections that are relative to credential data fields.</p>
Monitoring	47)	<p>The Credentialing Specialist will conduct desk reviews and site visits at least annually to each provider agency to ensure that originals of primary source documents are present in the provider agency's credential files. Additionally, the provider agency's adherence to current system of operations that adequately tracks the status of each staff is evaluated, as well as the extent to which credentialing supervisors are providing adequate supervision and oversight over the agency's credentialing process.</p> <p>The CAMHD Credentialing Specialist shall also conduct a monitoring site review of the CAMHD-delegated contract organization to determine its effectiveness and efficiency in meeting the scope of services agreed upon.</p> <p>The CAMHD Credentialing Specialist shall provide the CAMHD agency reviewers with each agency's list of staff,</p>

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Standard IX: Credentialing and Re-credentialing		CRITERIA
Monitoring (continued)		their credential status, their discipline and the level of education prior to reviewers' monitoring visits. Likewise, information specific to clinicians or to agencies is shared by the Sentinel and Facilities Licensing Specialists, providing the agency reviewers focal points of agency strengths and concerns when conducting reviews.
Reports	48)	<p>Provider agencies shall send to the CAMHD Credentialing Specialist, by the 15th of each month, a monthly licensed provider list in prescribed format. Attestations are to accompany this list, indicating that uncredentialed clinicians have not been assigned to serve clients or to supervise other clinicians.</p> <p>The provider agency shall also send to the CAMHD Credentialing specialist, on a monthly basis, a list of clinician suspensions and terminations in formatted fields prescribed by Med-QUEST that include dates and reasons.</p> <p>The CAMHD Credentialing Specialist shall submit to Med-QUEST, on a semi-annual basis, complete reports as listed above, sorted by agency.</p> <p>The CAMHD Credentialing Specialist shall provide a written summary report of audits conducted on each agency.</p>
Reporting Quality Deficiencies	49)	<p>The Credentialing Committee may recommend to the Executive Management Team, sanctions for substandard provider agency performance, failure to comply with the requirements set forth in the CAMHD RFP, failure to comply with professional standards, or any other reason deemed appropriate to client care. Disciplinary action may be initiated by any information the Committee deems appropriate. In making recommendations, the Committee may consider quality of care, volume of service, pattern of diagnosis, pattern of authorization request, member complaints, site review findings, geographic location of practice, professional qualifications and standing, financial and organizational procedures or any other factors it deems relevant.</p> <p>The Credentialing Committee may recommend any disciplinary action it deems appropriate. Examples of such disciplinary actions include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Require the provider to submit and adhere to a corrective action plan; • Monitor the provider for a specified period of time with a subsequent re-review for compliance; • Require increased training for the clinician; • Limit the clinician's scope of practice; • Cease referrals to provider agency; • Temporarily suspend the clinician's participation status with CAMHD; and • Terminate the clinician's participation status with CAMHD.

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Standard IX: Credentialing and Re-credentialing	CRITERIA
Reporting Quality Deficiencies (continued)	<p>Immediate Suspension or Restriction: If the Executive Management Team determines that the health of an individual referred is in imminent danger because of the actions or inaction of a contracted CAMHD provider or if the provider is subject to termination pursuant to the Credentialing Policy, the CAMHD Chief may immediately suspend or restrict the contracted CAMHD provider's participation status pending an investigation.</p> <p>Termination of clinician: The Credentialing Committee may recommend termination of the participation of a clinician. Consideration of termination may be based on any information the Committee deems appropriate, including but not limited to the following:</p> <ul style="list-style-type: none"> • The clinician provided care to clients in a harmful, potentially harmful, abusive, offensive or unnecessary manner. • The clinician engaged in uncooperative, unprofessional or abusive behavior towards clients or CAMHD personnel. • The clinician promotes services without regard to the impact on the client and family; • The clinician failed to comply with CAMHD policies and procedures, including those for utilization management, quality assurance or billing.
Appeals Process	<p>50) The provider will be given written notice of the Credentialing Committee's decision to restrict, deny, discipline, or terminate the clinician. The notice will include the reason for the action, the proposed effective date of the recommended disciplinary action or termination, the facts the Credentialing Committee relied on in making its recommendation, the clinician's right to request a hearing on the recommendation, the time limit within which to request such a hearing, and the appeals process.</p> <p>The provider must submit a written request to the CAMHD Complaints & Grievance Office for an appeal within 30 calendar days from the date this notice was postmarked. The Grievance Committee will hear appeals.</p> <p>After the hearing, the Grievance Committee will convene privately to discuss the Credentialing Committee's recommendation. The Grievance Committee's decision will be by the affirmative vote of the majority of the members. The Grievance Committee's decision will be effective immediately and written notice of the decision and the applicant's right to appeal will be given to the clinician and the provider agency as applicable. The CAMHD Credentialing Committee shall be apprised of the Grievance Committee's decision. The CAMHD will move quickly to ensure continuity of care for all clients and families affected by the decision.</p> <p>The clinician or the provider agency cannot appeal an adverse decision to the Med-Quest Division.</p>

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Standard X: Recipient Rights and Responsibilities		CRITERIA
Written Policy On Recipient Rights	51)	CAMHD has written policies and procedures regarding the specific rights and responsibilities of CAMHD families. CAMHD has updated and revised its Rights Flyer. CAMHD’s service delivery system is based on a team plan development model. Working with the child’s specific teams, families will assume a primary role in their child’s mental health care. CAMHD distributes Clients’ Rights and Responsibilities materials directly to families and eligible youth (where age appropriate) and also provides education regarding the materials.
Written Policy on Recipient Responsibilities	52)	CAMHD shall have a written policy on client responsibilities that address the client and family’s responsibility in working with FGC staff and providers. These responsibilities shall include: 1. Making every effort to attend scheduled appointments or to cancel the appointment as early as possible 2. Participation with providers in the assessment, planning and treatment process. 3. Participation in the development of the coordinated service plan (CSP). 4. Follow-through with treatment recommendations and tasks assigned in the treatment plan. 5. Treating service providers and Family Guidance Center staff with respect. 6. Giving service providers and Family Guidance Centers complete and accurate information.
Communication of Policies to Providers	53)	CAMHD provides a copy of its policy on members’ rights and responsibilities to all participating providers
Communication of Policies to Recipient/Recipients	54)	Copies of the CAMHD clients’ rights brochure are given to the child and family at intake with the Family Guidance Center Care Coordinator. The Family Guidance Center Care Coordinator will review the client rights and responsibilities with each client and family and obtain signature verification of the receipt and understanding of the information. The Family Guidance Center’s QA Staff will conduct a quarterly review of the client records to monitor verification of client rights and privacy notice transmittal.
Benefits Review	55)	Clients will be informed of the following benefits and procedures: 1. Benefits and service included and excluded as a condition of enrollment, and how to obtain them, including a description of: 2. Any special benefit provisions that may apply to service obtained outside the system (e.g. co-pays, rejection of claim) 3. Procedures for obtaining out-of-area coverage.

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Standard X: Recipient Rights and Responsibilities		CRITERIA
Intensive Mental Health Services	56)	CAMHD has contracts to provide the following services: <ol style="list-style-type: none"> 1. Psychosexual assessment 2. Intensive Home and Community-based intervention 3. Intensive Day Stabilization 4. Multisystemic Therapy (MST)
Therapeutic Foster Homes	57)	CAMHD has contracts to provide this level of care. Provider Manual and/or Contract contain benefits, which are available to CAMHD members
Respite Homes	58)	CAMHD has contracts to provide this level of care. Provider Manual and/or Contract contain benefits, which are available to CAMHD members
Therapeutic Group Homes	59)	CAMHD has contracts to provide this level of care. Provider Manual and/or Contract contain benefits, which are available to CAMHD members. <ol style="list-style-type: none"> 1. General 2. Individualized
Community Based Residential Services	60)	CAMHD has contracts to provide this level of care. Provider Manual and/or Contract contain benefits, which are available to CAMHD members. <ol style="list-style-type: none"> 1. General 2. High Risk – Level 1 3. High Risk – Level 2
Hospital-based Residential Services	61)	CAMHD has contracts to provide this level of care. Provider Manual and/or Contract contain benefits, which are available to CAMHD members
Policy and procedures on rights and responsibilities	62)	CAMHD shall have policies and procedures regarding member rights and responsibilities that at a minimum address the following: <ol style="list-style-type: none"> 1. CAMHD informs applicants about the range and benefits of services and eligibility requirements and any fees (not applicable to Felix Class members) which will be charged.

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Standard X: Recipient Rights and Responsibilities	CRITERIA
Policy and procedures on rights and responsibilities (continued)	<ol style="list-style-type: none"> 2. Provisions for after-hours and emergency coverage are explained to the client and family. Providers will provide 24-hour emergency coverage. 3. The Family Guidance Center's Care Coordinator will inform the client and family about their Felix status and the process for the development of a Coordinated Service Plan (CSP) and the Individual Education Program (IEP) or Modification Plan (MP). CAMHD's policy for referral to specialty care is generated through the CSP. 4. If applicable, financial arrangements shall be fully explained and discussed with the client and parent(s), or legal guardian which will include the rate for the services to be provided, a reasonable projection of the time period for which the services will be provided, and the conditions of payment. 5. The client and family are informed about the process of changing the level or intensity of services being provided. Changes occur through the treatment team process and are reflected in the CSP or the IEP/MP. 6. The client and family are notified of changes caused by the termination or change in any benefits, services, or service delivery office/site. 7. Procedures for appealing decisions that adversely effect the family's or client's CSP or IEP/MP coverage, benefits, or relationship to CAMHD. 8. Procedures for requesting a change in practitioner or provider agency. 9. Procedures for disenrollment. 10. Procedures for being on inactive status. 11. Procedure for voicing complaints and/or grievances and for recommending changes in policies and procedures and services. This will include contact telephone numbers for the CAMHD Complaints and Grievances Office.
Recipient Grievance/Appeal Procedures	<p>63) CAMHD has a procedure, linked to the QAIP, that expressions of dissatisfaction are to be addressed, logged, tracked, and trended. This applies to any expression of dissatisfaction regardless of degree of seriousness or regardless of whether the client or provider expressly requests filing the concern and/or requests remedial action. The formal grievance process must be utilized for any written expression of dissatisfaction or for resolving complaints, grievances and appeals. This system includes:</p> <ol style="list-style-type: none"> 1. Definitions: A "complaint" is an oral or written communication, made by or on behalf of a client or provider expressing dissatisfaction with any aspect of CAMHD's operations, activities, or behavior, whether or not any relief is requested. For clients and families who have difficulty communicating in writing, but who wish to register their complaint, CAMHD shall provide the client and family with the option to sign and return to CAMHD, a

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Standard X: Recipient Rights and Responsibilities	CRITERIA
Recipient Grievance/Appeal Procedures (continued)	<p>summary of the complaint prepared by a provider or CAMHD staff.</p> <p>A “grievance” is a written communication, made by or on behalf of a client or provider expressing dissatisfaction with CAMHD’s findings and conclusions made at the complaint level in relation to CAMHD’s operations, activities, or behavior pertaining to:</p> <ul style="list-style-type: none"> a. Delivery, quality, or availability of health care services, including utilization review decision; or b. Payment for claims; or c. Issues left unresolved through the complaint process. <p>An “appeal” is a written request made by or on behalf of a client or provider for review by the Appeals Board to reverse an adverse decision made by the Grievance Committee.</p> <p>2. CAMHD has a written complaints/grievances/appeals policy and procedure, which is reviewed at least annually and is explained to the individual, parent, or legal guardian upon admission.</p> <ul style="list-style-type: none"> a. CAMHD provides members and prospective members about the process for lodging complaints, grievances, or appeals when decisions concerning them or services provided are considered unsatisfactory. b. CAMHD has a review and reassessment process that includes the PISC’s regular review of the resolution of complaints, grievances and appeals, which is carried out in a manner that protects confidentiality by using client record numbers. c. CAMHD acts quickly on any complaint in accordance with the policy and procedures. d. CAMHD has documentation of the substance of the grievances or appeals, and actions taken. e. If a member needs assistance in communicating his/her grievance in writing, CAMHD shall assist the member by preparing a narrative and giving him/her the option to receive a copy. f. Written notification by CAMHD to the complainant of any adverse decision and shall include their rights to appeal a decision. <p>3. CAMHD provides grievance/appeal quarterly reports with the information grouped in mandated categories to MQD.</p>
Recipient Suggestions	<p>64) CAMHD solicits regular input from clients and families, providers, and community stakeholders about changes in policies and procedures.</p>

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Standard X: Recipient Rights and Responsibilities	CRITERIA
Recipient Suggestions (Continued)	<ol style="list-style-type: none"> 1. CAMHD conducts regular, monthly provider meetings in all districts and receives suggestions for change in policy and procedures. Regular meeting minutes are kept that record suggestions and subsequent action taken regarding the suggestion. 2. Annual input is received from community organizations representing consumers regarding suggestions for changes in policies and procedures. These suggestions are received by the Performance Management Supervisor and are documented and actions taken recorded. 3. Families are asked for suggestions about changes in policy and procedures through the child specific team processes. The child and family's Care Coordinator transmits these suggestions to the Performance Management Supervisor and Clinical Services Manager.
Steps to Assure Accessibility Of Services	<p>65) CAMHD serves the defined community through programs whose services are available and accessible to those who are eligible for the services and does so in full accord with all applicable legal and regulatory requirements. CAMHD provides case management and care coordination through seven Family Guidance Centers located in communities across the State of Hawaii. Clinical services are offered through provider agencies that are contracted with CAMHD to provide those essential services.</p> <ol style="list-style-type: none"> 1. Points of access to Family Guidance Centers and to clinical care providers are made available to clients and families at registration. 2. The Family Guidance Center Care Coordinator gives clients information about emergency and after hour services. Initial information is given to the client and family about obtaining services during regular hours of agency operation, obtaining case management services, obtains services on weekends, obtaining interpreters or other communication aids, Provider not within CAMHD's network, grievance/appeal process, and obtaining ground transportation to medical appointments. The provider agencies inform the clients and families about qualifications and titles of professionals who provide and/or are responsible for their care.
Written Information for Recipients	<p>66) Member information is written in a format that is readable and understandable. Subscriber brochures, handbooks, and other information are submitted to the Hawaii Families as Allies for review of ease of understanding.</p> <p>Client and family information regarding client rights is made available in the language of the individual in the mode of communication best understood by persons with visual or hearing impairments and client's mental abilities.</p> <p>Written information shall include a statement in each of the languages listed below notifying recipients with limited English proficiency how they may receive information in their first language.</p>

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Standard X: Recipient Rights and Responsibilities	CRITERIA	
Written Information for Recipients (Continued)	CAMHD will provide the booklet or pamphlets in one or more of the following languages based upon the recipient population.	
Confidentiality of Patient Information and Records	<p>67) CAMHD addresses the use and release of information about clients served through the Family Guidance Centers and by contract through provider agencies by adopting procedures that guarantee that the confidentiality of clients or former clients is maintained and assures that such procedures meet Health Insurance Portability and Accountability Act (HIPAA), Family Educational rights and Privacy Act (FERPA) and any other applicable legal requirements. CAMHD complies with all applicable local, State and Federal requirements pertaining to confidentiality of client information through:</p> <ol style="list-style-type: none"> 1. Reconciling CAMHD's policy and practices with all applicable laws and regulations; and 2. Obtaining legal opinion governing the confidentiality of records and the general conditions under which they can be subpoenaed. <p>CAMHD monitors client offices/sites such as the Family Guidance Centers and contract providers to ensure they have implemented mechanisms to guard against the unauthorized or inadvertent disclosure of confidential information to persons outside of CAMHD. Areas reviewed are as follows:</p> <ol style="list-style-type: none"> 1. Authorization to release information by the client or the minor's parent or legal guardian is obtained when information is going to be released to another organization or individual outside the agency. 2. The release of information states the specific information to be given and the time period in which this permission remains in effect. 3. To whom the information is to be released. 4. For what purpose the information is to be released. 5. The right to revoke the authorization in writing. <p>Access to records is limited to the individual, the parent or legal guardian of the minor child, authorized staff, and others outside CAMHD whose request for information is permitted by law and is covered by assurances of confidentiality similar to those given by CAMHD and whose access is necessary. CAMHD holds confidential all information obtained by its personnel about recipients related to their examination, care, and treatment and shall not divulge it without the recipient's authorization unless:</p> <ol style="list-style-type: none"> 1. Law requires it. 	

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Quality Assurance and Improvement Program

Standard X: Recipient Rights and Responsibilities	CRITERIA
Confidentiality of Patient Information and Records (continued)	<p>2. It is necessary to coordinate the client's care with providers, hospitals, or other health care entities, or to coordinate insurance or other matters pertaining to payment.</p> <p>3. It is necessary in compelling circumstances to protect the health or safety of an individual</p> <p>CAMHD provides that, except where contrary to law:</p> <ol style="list-style-type: none"> 1. A client may review his/her case record in the presence of professional personnel of CAMHD or the provider agency; and 2. Such review is carried out in a manner that protects the confidentiality of other family members and other individuals whose contacts may be contained in the record. <p>CAMHD assures that clients may insert a statement into the record about their needs, about services they are reviewing, or may wish to receive and that should CAMHD add statements or responses, it is done with the client's knowledge.</p> <p>Exception: At no time shall CAMHD or its provider agencies release HIV or AIDS information to anyone, including DHS and its representatives, without written consent from the member.</p> <p>Any release of information in response to a court order is reported to the client and family in a timely manner. The Care Coordinator will log any unauthorized release of information on the Unauthorized Release of Information form in the client record. The client and family will be notified verbally and in writing within seven days of the court ordered release.</p> <p>The policies/procedures of CAMHD conform to all Federal and State requirements relative to safeguarding information on applicants and recipients) and clearly define the types of information to be safeguarded and conditions under which the safeguarded information can be released.</p> <p>Safeguarded information includes all aspects of the clinical record including client's name, address, psychological and medical services provided, social and economic circumstances, agency evaluation of personal information, medical data (including diagnoses), educational status, educational information, and information related to medical assistance eligibility and third party coverage.</p> <p>Member records may be disclosed, whether or not authorized by the member, to qualified personnel for purposes of scientific research, but these personnel may not identify, directly or indirectly, any individual member in any report of the research or otherwise disclose participant identity in any manner. The Performance Manager will coordinate all such disclosures and any such disclosures will be in the clinical record.</p>

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Standard X: Recipient Rights and Responsibilities	CRITERIA	
Treatment of Minors	68)	The majority of CAMHD's population served is considered to be minors. The consent to treat, signed by the legal guardian, along with rights and responsibilities outlines the benefits of treatment as well as client rights.
Assessment of Recipient Satisfaction	69)	<p>CAMHD conducts periodic surveys to determine member satisfaction with services and includes content on perceived problems in the quality, availability, and accessibility of care. Surveys are mailed to a representative sample of members through the FGCs. The QA staff person assigned to each FGC will coordinate the distribution, collection, and collation of satisfaction data twice per year.</p> <p>The CAMHD contracts with a partner agency, with which the CAMHD has a confidentiality agreement, to obtain periodic feedback from consumers regarding programs, services, and treatment. The CAMHD analytically reviews the feedback from clients and families, and uses this information to modify programs and services, and to develop new service areas.</p> <p>The CAMHD selects a random sample of clients at the beginning of each fiscal quarter from registered clients in the preceding quarter. The partner agency administers the CAMHD Family Satisfaction Survey by telephone contact with the select families, completing surveys on 10% of registered CAMHD youth each quarter. Surveys are mailed if families are not available by telephone. For youth 11 years and older, the partner agency also requests verbal consent from the legal guardian to complete the CAMHD Youth Satisfaction Survey.</p> <p>Survey information is entered into the CAMHD's database, which is returned to the CAMHD within 10 days of the completion of the fiscal quarter. The CAMHD Performance Management Section compiles the survey data and produces a quarterly report of results, a copy of which is sent to the Felix Monitoring Office (FMO). The Performance Management Section reviews survey results for patterns and trends. Feedback information is sent directly to the CAMHD Chief to consider revisions in services and practices as needed.</p>

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Quality Assurance and Improvement Program

Standard XI: Availability and Accessibility	CRITERIA
Established Standards	<p>70) CAMHD has established standards for access and availability of services. Access to services provided by CAMHD is in accordance with Med-QUEST rules and regulations.</p> <p>CAMHD offers case management through the Family Guidance Centers. CAMHD is committed to the team based planning process and therefore has linkages to Department of Human Services, Department of Education, and to the Juvenile Justice System. Children who have multiple agency involvement are requested to participate in the planning process. Case management involves linking and monitoring with these agencies. The Care Coordinators are required to link with all agencies involved with the child's treatment. The team process is monitored through the comprehensive service plan document.</p> <p>The RFP process ensures that providers are located around the state and in reasonable distance of the plan's members so those members can reach provider offices in a reasonable amount of time. There are seven Family Guidance Centers across the state, which are also in reasonable distance of the plan's members. For remote locations where it is difficult to secure community-based providers, providers commute to those locations and operate at the Family Guidance Center or at the school. Many of the CAMHD services are provided in the home of the client.</p> <p>On the island of Oahu, providers are located near mass transportation. Many services are provided in the community, at schools, or in the home of the provider. For the outer islands, arrangements are made to provide transportation or to make services accessible to the client.</p> <p>Providers pledge to understand and to operate within the principles of the Hawaii Child and Adolescent Service System Program, which states that services will be community-based and offered in a culturally sensitive manner, which includes a linguistically appropriate manner. Providers agree to these principles through the signing of the contract with CAMHD.</p> <p>CAMHD requires ADA compliance of all providers contracting for services. The CAMHD provider contract stipulates ADA compliance.</p> <p>CAMHD requires that providers accommodate individuals with other disabilities. The Felix Consent Decree mandates accommodations for all children who qualify under IDEA or Public Law 504.</p> <p>Interpreters or TTDs are made available for the hearing impaired.</p> <p>Each FGC has a child and adolescent psychiatrist and a clinical psychologist. Each residential program has a</p>

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Quality Assurance and Improvement Program

Standard XI: Availability and Accessibility	CRITERIA
Established Standards (continued)	<p>psychiatrist and licensed mental health professional. Psychiatrist/member ratios are overall acceptable.</p> <p>CAMHD children and youth are given a choice of at least one psychiatrist or psychologist health care provider when requested.</p> <p>CAMHD has an authorization system for the prompt and appropriate authorization of care.</p> <ol style="list-style-type: none"> 1. Routine and crisis services are identified for each child through the IEP, Modification Plan, or through the Coordinated Service Plan. The Family Guidance Center Care Coordinator subsequently authorized those services per the identified provider. Reauthorization for routine care occurs on a timely and appropriate basis. 2. The 24-hour CAMHD contract provider has limited pre-authorization for delivering urgent emergency care. <p>Clients of CAMHD receive services through a treatment plan, comprehensive service plan, or treatment transition plan.</p> <p>Outcomes are clearly indicated in the respective plan and responsibility for monitoring the plan is indicated. The Family Guidance Center Care Coordinator has responsibility for linking and monitoring and will monitor follow-up care. This information is clearly documented in the client record.</p> <p>CAMHD has written material that describes client coverage. This information is given to the enrollees. Policies and procedures are produced for enrollees in the member handbook.</p> <p>The information given to the enrollees is accurate and appropriate and includes the name of a contact person to call if the enrollee has difficulty understanding any procedure.</p> <p>The Family Guidance Center Care Coordinator will inform members about their coverage and assure that they understand how to access services under the CAMHD plan.</p> <p>CAMHD will assess the enrollee's perception that they have adequate access to care through the Client Satisfaction Survey. Where gaps in perception occur, CAMHD will improve communication to clients and families about access to care.</p>
Specialty Services	71) Children are identified for services through their school based screening committee. Anyone can make a referral for services through the DOE identification process.

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Quality Assurance and Improvement Program

Standard XI: Availability and Accessibility	CRITERIA
Specialty Services (continued)	<ol style="list-style-type: none"> 1. Routine Care: <ol style="list-style-type: none"> a. If the child is identified as IDEA or in need of a 504 plan and has mental health needs, the child is referred for assessment by the screening team. b. The screening team makes the referral to the identified practitioner. c. The assessment must be completed in 60 days and the process is monitored and results published monthly. d. Once identified the Care Coordinator procures needed services/supports. 2. Urgent Care - urgent care requires immediate action, although it may not be a life-threatening circumstance. An urgent care condition is a situation that has the potential to become an emergency in the absence of treatment. Urgent care needs are identified by: the Care Coordinator at intake, the school-based team, and/or the family. <ol style="list-style-type: none"> a. If the child's mental health needs are urgent, the care coordinator will make an immediate referral to a provider agency for immediate intervention. b. The child and family will be made aware of 24-hour emergency services and have immediately availability to those services. c. A treatment team will be convened within 48 hours of enrollment or notification of the urgent event to create or revise the treatment plan. 3. Emergency Care: <ol style="list-style-type: none"> a. The child and family will have immediate access to services provided by a CAMHD 24-hour Emergency care provider. b. A treatment team will be convened within 24 hours of enrollment or notification of the urgent event to create or revise the treatment plan. <p>Providers will have a procedure to assist clients to obtain emergency or after hours care. This will at a minimum be on an answering machine.</p> <p>CAMHD contracts with providers across the state to provide 24-hours a day, 7-days a week emergency services. Response time and client satisfaction is monitored for compliance with the clinical standard.</p>

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

Quality Assurance and Improvement Program

Standard XI: Availability and Accessibility		CRITERIA
Specialty Services (continued)		<p>The CAMHD emergency service contractors handle after-hour calls. FGCs and regular providers have recorded messages that instruct callers to contact the 24-hour CAMHD contract provider. The contact number for the 24-hour CAMHD provider is given to the client at time of enrollment.</p> <p>CAMHD will monitor waiting times and the actual waiting time will be within the acceptable parameters. Areas for improvement will be identified.</p> <p>Initial appointments are scheduled for clients by Family Guidance Center staff. The providers do subsequent scheduling.</p> <p>Response time to after-hour-calls is monitored on a monthly basis. Response time will comply to the clinical standard and with the contractual agreement.</p>
Reporting Requirements	72)	<p>CAMHD submits provider information on electronic media in the format specified by DHS. Changes to the network as well as provider information changes shall be reported on a monthly basis.</p> <p>CAMHD provides available, accessible and adequate number of facilities, services locations, service sites, professionals, and allied and paramedical personnel for the provision of covered services including all emergency services on a 24x7 basis. This is monitored on a monthly basis to ensure the population is served.</p>
Required Providers	73)	<p>Adequacy of the CAMHD's network of providers is monitored through current listings of credentialed licensed professional clinicians identified throughout the State by geographic area and type of service</p>
Confirmation of Enrollment	74)	<p>All newly registered clients receive confirmation of registration and other pertinent information material within 30 days of registration</p>
Toll Free hotline	75)	<p>The CAMHD Central Administration Office has a toll-free telephone line available to all providers and clients. This information is provided to them at the time of registration. A toll-free telephone line is also available to contract emergency mental health services on a 24/7 basis.</p>

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Quality Assurance and Improvement Program

Standard XII: Standards for Facilities	CRITERIA
Licensing and Certification	<p>76) CAMHD contracts for levels of service with providers who are required to meet all state and federal licensing requirements.</p> <ul style="list-style-type: none"> • Therapeutic Living Programs – HAR Title 11, Chapter 92 • Community Based Residential – HAR Title 11, Chapter 98.1, when promulgated <p>The licensing authority is the Department of Health's Office of Health Care Assurance; however, the CAMHD certifies to the adequacy of its children's health, safety and therapeutic measures through provider /facilities monitoring reviews.</p>

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

Quality Assurance and Improvement Program

Standard XIII: Medical Record Standards		CRITERIA
Appropriate Access to Records	77)	Providers are required by contract to make all documentation and client records available for quality reviews and audits conducted by CAMHD, Med-Quest Division or their agents, or other CAMHD authorized agent.
Record Availability	78)	Client records are available to providers at each visit with the client.
Medical Record Standards	79)	<p>CAMHD requires all providers and Family Guidance Centers to maintain detailed, comprehensive and ongoing individual clinical records for each client. All documentation and records must adhere to CAMHD policies and IPSPG.</p> <p>Clinical record and progress note standards are specified by CAMHD in the IPSPG for all providers.</p> <p>At a minimum they require that records be maintained in a legible, current, detailed, organized and comprehensive manner that effectively describes all significant coordination and treatment interventions for each child.</p> <p>Standards set for all clinical records reflect all aspects of client care, including ancillary services.</p> <p>Specifications of minimum clinical record keeping are identified through monitoring criteria as designed in the CAMHD's medical records monitoring tool and policy</p>
Patient Visit Data	80)	<p>Patient Visit Data – All providers are required to maintain ongoing individual clinical records for each youth to include at a minimum:</p> <ol style="list-style-type: none"> 1. History to include appropriate subjective and objective information for presenting complaints. 2. Plan of treatment includes objective goals, mental health treatment plans, crisis plans, and discharge plans. Treatment, crisis and discharge plan reviews, and revisions, as needed are also required at least quarterly and more frequently for higher levels of care. In addition, monthly written treatment and progress summary reports must be submitted to the Care Coordinator. This report must include, at a minimum: <ol style="list-style-type: none"> a. Client name; b. Client ID number; c. Client date of birth d. IDEA/504 status;

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Quality Assurance and Improvement Program

Standard XIII: Medical Record Standards	CRITERIA
Patient Visit Data (Continued)	<ul style="list-style-type: none"> i. School/program attending; ii. The type, date and times of mental health services; vii. A statement regarding the mental health goals and objectives that were addressed; and viii. Service activities related to the goals, assessment of progress, ongoing client needs, plans to address needs, and projected discharge date <ul style="list-style-type: none"> 3. Diagnostic tests – reports on assessment and diagnostic services are included in the clinical records. 4. Therapies and other prescribed regimens – IPSPG specifies required documentation and report submission timelines for all therapeutic and other services. 5. Documentation concerning follow-up care, call or visit is included in the client record, when indicated. Specific time to return is also noted as weeks, days, months, or PRN. There is also documentation that unresolved concerns from previous visits are addressed in subsequent visits. 6. There is documentation in the client record of any referrals and results thereof; and there is evidence that the ordering physician has reviewed consultation, lab, and x-ray reports filed the client records, through physician initials or other documentation. Consultations and significantly abnormal lab and imaging study results specify physician follow-up plans 7. All other aspects of client care, including ancillary services, are documented.
Record Review Process	<p>81) All providers are required to participate in all contract monitoring. CAMHD has a record review process to assess all documentation and client records for legibility, organization, completion, and conformance to the IPSPG, as well as to all administrative aspects of the contract.</p> <p>The CAMHD record review and monitoring system addresses documentation of all records by encounter, compliance with IPSPG, and adherence to clinical record keeping standard requirements.</p> <p>Providers are required to keep all documentation and maintain all records for the amount of time specified by CAMHD policy and State regulations.</p> <p>All documentation and all client records (clinical, fiscal, IDEA/504 certification and/or discharge, Quest enrollment, and disenrollment, administrative, quality assurance and operating records) are accessible to CAMHD or any CAMHD authorized agents and Med-Quest Division or their agents. Necessary authorizations to release educational material and information will be in accordance with the CAMHD's policies on protected information.</p>

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

Quality Assurance and Improvement Program

Standard XIV: Utilization Review	CRITERIA
Written Program Description	<p>82) The Child and Adolescent Mental Health Division operates a system of care serving severely emotionally and behaviorally disturbed youth requiring intensive mental health services within the least restrictive environment, and takes every measure to ensure that youth are able to receive appropriate treatments in home or home-like settings. Utilization Management is designed to facilitate quality improvement activities that focus on the appropriate and evidence-based services for youth at all levels of care. The Utilization Management Program examines patterns and trends of service delivery to identify and discourage prolonged utilization of ineffectual services, overly restrictive services, and the use of non-evidenced based interventions. After these trends have been identified, Utilization Management supplies the data necessary for CAMHD to take action to align the services with the division's practice guidelines and policy.</p> <p>CAMHD has a formally established Utilization Review committee. The committee meets monthly and minutes are kept that reflect the ongoing agenda. The Committee consists of:</p> <ol style="list-style-type: none"> 1. Medical Director 2. Clinical Service Manager 3. Resource & Utilization Management Supervisor 4. FGC Branch Chief 5. Performance Manager 6. Provider Representative 7. Financial Specialist 8. Contract Specialist 9. Data Evaluator 10. Research & Evaluation Specialist 11. Parent Representative
Scope	<p>83) CAMHD IPSPG serves as the foundation for the Utilization Management process. The Utilization Management process includes the participation of the Medical Director and involves:</p> <ol style="list-style-type: none"> 1. Computer generated analysis of service utilization; 2. Clinical record reviews using a case record review tool; and 3. Service testing methodology.

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

Quality Assurance and Improvement Program

Standard XIV: Utilization Review	CRITERIA								
Scope (Continued)	<p>The focus of the review is to identify instances of under utilization, over utilization, or inappropriate utilization of services. This is accomplished through a monthly comparative analysis of service utilization to the corresponding utilization guideline for the respective service. Outliers will be identified. CAMHD has created a Clinical Supervision Protocol, which offers three levels of review of services offered to eligible youth and families. Outliers will be referred to that process for case analysis. Depending on the recommendation of the Clinical Service Manager, a clinical record review will be done using the case record review tool and using service-testing methodology. Results of these reviews are transmitted to the CAMHD PISC Committee for appropriate action.</p>								
Medical Necessity	<p>84) For pre-authorization or concurrent review, CAMHD does not employ or permit CAMHD providers to employ utilization control guidelines or other quantitative coverage limits, whether explicit or de facto, unless supported by an individual determination of medical necessity based on the needs of the client and his/her history.</p> <p>CAMHD provides services within the least restrictive setting and the most natural environment that is appropriate to individual needs. Utilization Management activities include substitution of alternative health care services in lieu of hospitalization, if appropriate.</p> <p>Provider profiling is part of the utilization process.</p> <p>Provider profile information is shared with CAMHD providers for education purposes.</p> <p>The Medical Director participates in the Utilization Review committee.</p> <p>The CAMHD Utilization Management system includes the following components:</p> <table border="0"> <tr> <td>1. Prior approval reviews;</td> <td>5. Trend reports;</td> </tr> <tr> <td>2. Concurrent reviews;</td> <td>6. Identification of patterns of care;</td> </tr> <tr> <td>3. Discharge Planning;</td> <td>7. Tracking of clinical indications;</td> </tr> <tr> <td>4. Provider profile reports;</td> <td>8. Referral tracking;</td> </tr> </table> <p>CAMHD will review monthly service utilization from evidence of under utilization as well as over utilization. The IPSPG will be used as a reference for analysis by client acuity level.</p> <p>Concurrent review activities, prior approval activities, and discharge planning activities will occur regularly and will assist in monitoring service utilization as well as identifying areas for improvement.</p> <p>The Utilization Management findings are incorporated into quality assurance activities, provider re-credentialing activities, and long-range planning.</p>	1. Prior approval reviews;	5. Trend reports;	2. Concurrent reviews;	6. Identification of patterns of care;	3. Discharge Planning;	7. Tracking of clinical indications;	4. Provider profile reports;	8. Referral tracking;
1. Prior approval reviews;	5. Trend reports;								
2. Concurrent reviews;	6. Identification of patterns of care;								
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4. Provider profile reports;	8. Referral tracking;								

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

Quality Assurance and Improvement Program

Standard XIV: Utilization Review		CRITERIA
Medical Necessity (Continued)		Current utilization findings indicate areas for improvement in CAMHD's program. Members receive necessary and appropriate services.
Qualified Medical Professionals	85)	Qualified behavioral health professionals supervise preauthorization and concurrent review decisions.
Obtain All Necessary Information	86)	When conducting pre-authorization and concurrent reviews every effort is made to obtain all necessary information, including pertinent clinical information, and reports of consults with the treating physician as appropriate.
Review Decisions	87)	When conducting pre-authorization and concurrent reviews the reasons for decisions are clearly documented and available to the client.
Appeals Mechanisms	88)	There are well-publicized and readily available appeals mechanisms for both providers and clients. Notification of a denial includes a description on how to file an appeal.
Review Timeliness	89)	Decisions and appeals are made in a timely manner as required by the urgency of the situation. A request for urgent services will be addressed within 24 hours.
Program Evaluation	90)	There are mechanisms to evaluate the effects of the program using data on client satisfaction, provider satisfaction, or other appropriate measures.
Delegation	91)	CAMHD does not delegate responsibility for utilization management.

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Quality Assurance and Improvement Program

Standard XV: Continuity of Care System	CRITERIA
Continuity of Care/Case Management (CC/CM)	<p>92) CAMHD has a system in place that monitors continuity of care and case management that consists of the following:</p> <ol style="list-style-type: none"> 1. Organizational structures including defined titles/Positions 2. Job descriptions that include scope of practice 3. Qualifications, special training, licenses, and 4. Components for evaluation of the overall system as well as a review of case-specific outcomes and case records. <p>The Care Coordinator ensures that needed services, interventions and strategies are identified and delivered in a coordinated manner and in partnership with families through activities inclusive of:</p> <ol style="list-style-type: none"> 1. Ensuring sound clinical assessments identifying strengths and needs of the youth and family; 2. Convening team meetings to conduct strength-based planning through the Coordinated Service Plan (CSP) process; 3. Implementing the CSP, which includes linkages to other services and natural community supports; 4. Performing ongoing monitoring and evaluation of the effectiveness of the CSP and services, revising them as needed; and 5. Ensuring that the CASSP principles and evidence-based approaches always guide planning for all services. <p>The Care Coordinator is trained in areas covering engagement skills, intensive case management, coordinated service planning process, mental health assessments, prescribed outcome measures, and evidenced-based services/best practices. Additional areas of training cover privacy and confidentiality, compliance, complaints and grievances, and effective working relationships with other child serving agencies.</p> <p>Client-specific reviews are conducted at least monthly through contacts with and reports from families and providers, through monthly clinical reviews conducted with the Care Coordinator's clinical supervisor, and quarterly with the CSP team.</p> <p>The Care Coordinator ensures that Primary Care Physicians are involved in the coordination of services. The FGC Care Coordinator is provided regular data to evaluate their performance through the CSP audit tool, chart review tool and Clinical Supervision Module.</p>

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Standard XV: Continuity of Care System		CRITERIA
Information Available about CC/CM System	93)	CAMHD has in place a system that ensures: <ol style="list-style-type: none"> 1. Members, family/designated representatives, providers and CAMHD staff are informed about the availability of CC/CM services 2. How to make a referral for services, and 3. How to access these services during and after regular working hours 4. Information about benefits coverage, and rights.
Needs Assessment	94)	Children are identified for services through their school based screening committee. There are established criteria used during this process.
Timely Access	95)	CAMHD has policies and procedures in place to ensure clients have timely access to Care Coordination/Case Management services.
Care Planning Process	96)	The CSP planning process, includes <ol style="list-style-type: none"> a. CSP components b. Development of client centered, strength-based CSP; c. Provisions to identify the CC/CM assigned to the clients case; and d. The time frames for the CSP development and implementation.
Involvement in ICP Development	97)	CSPs are developed through a team process. The team at a minimum includes Care Coordinator, relevant providers, families and clients.
ICP Effectiveness Evaluation	98)	CAMHD monitors the implementation of CSP to ensure it is effective and is revised as client's status warrants.
Documentation	99)	The documentation of all CC/CM activities includes; <ol style="list-style-type: none"> 1. The assessment of clients needs, 2. The CSP, 3. Status of clients conditions, 4. Client response to CSP,

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Documentation (Continued)		5. Any revisions made to the CSP as well as all consultations, referrals, interactions, case conferences, correspondence, and 6. Other activities related to CC/CM services.
Confidentiality	100)	CAMHD ensures the confidentiality of client information in accordance with professional ethics, state and federal laws, including HIPAA compliance provisions.
Informing PCP	101)	CAMHD provides for the timely sharing of appropriate information with the clients PCP in a confidential manner. The PCP is informed about: <ul style="list-style-type: none"> a. All out-of-home placements; b. Consultations, and referrals including the outcomes; c. Medications/treatments prescribed by specialists; d. Clients treatment plan, and e. Prescribed treatments.
Coordination	102)	CAMHD, through case management addresses the following; <ul style="list-style-type: none"> a. Coordination and follow-up of outpatient services; b. Inpatient care/services needs, and c. Referrals to and coordination with, community-based resources/services that provide services that are not covered by QUEST. Coordination includes each child's treatment and transition between varying treatment levels of environmental restrictions, including Hawaii Youth Correctional Facility, acute hospital stay, mainland facility, and joint services between SBHH and CAMHD.
Pertinent Information	103)	CAMHD's CC/CM system is set up for the process of receiving and sharing pertinent information, and interfacing with the client, the clients family, the clients PCP, providers and staff to promote continuity of care and coordination of services.

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Standard XVI: QAP Documentation		CRITERIA
Documentation	104)	CAMHD has a monthly, quarterly, and yearly schedule for monitoring the quality of care across all services and all treatment modalities. The monitoring activities have been referenced or outlined above. The monitoring is in the form of on site contract reviews and other system tools such as case-based review and methodologies that measure the quality of care of all agencies and providers, review of encounter data, clinical case reviews, focused studies, and client status monitoring.

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Standard XVII: Coordination of QM Activities with Other Management Activity	CRITERIA
Reporting Findings	<p>105) QM activity findings, conclusions, recommendations, actions taken and results of actions taken are documented and reported to appropriate CAMHD staff through the established channels.</p> <p>QM findings and conclusions are used in re-credentialing, re-contracting and/or annual performance evaluations.</p> <p>QM activities are coordinated with utilization management, risk management, and resolution/monitoring of client complaints, and grievances, and other performance monitoring activities.</p> <p>QM activities link with other CAMHD management functions such as:</p> <ul style="list-style-type: none"> Network changes Benefits delivery redesign; Medical management systems such as pre-certification; Provider relations Client education; and Client services

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CAMHD QAIP PLAN

Effective Date: April 1, 2003

History: Replaces June 1, 2002 version

Signature On File

Assistant Chief

Signature On File

Medical Director

Signature On File

Clinical Services Manager

Signature On File

Performance Manager

APPROVED:

Signature On File

Christina Donkervoet, Chief

Date: *March 31, 2003*